

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         | PS       | 66621  | 9/26    |
| O.I.P.E. CLASSIFIER       |          | 4      | 9/30    |
| FORMALITY REVIEW          |          | 723740 | 11/15 w |
| RESPONSE FORMALITY REVIEW |          |        |         |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim    | Date |
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| Claim    | Date |
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| Final    |      |
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| 95       | ✓    |
| 96       | ✓    |
| 97       | N    |
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| 100      | N    |

| Claim    | Date |
|----------|------|
| Final    |      |
| Original |      |
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| 105      | N    |
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If more than 150 claims or 10 actions  
staple additional sheet here

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